

FILED FEB 24 1950

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

6113

State File No. ....

#79469

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1299</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
c. LENGTH OF STAY (In this place)				d. STREET ADDRESS (If rural, give location) <b>25- 203 S. Broadway</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<b>WALLACE</b>		<b>DABBS</b>			
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<b>January</b>		<b>25</b>		<b>1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>		8. DATE OF BIRTH <b>Oct. 20, 1882</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>unknown Arkansas</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John Dabbs</b>		13b. MOTHER'S MAIDEN NAME <b>Nans Montgomery</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>M. Renard, St. Louis City Hospital.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perforated Peptic Ulcer</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Miliary Tuberculosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>1-19-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Perforated Peptic Ulcer, Miliary TB of Liver</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1/10/50</b> , 19 <b>50</b> , to <b>1/25/50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1/25/50</b> , 19 <b>50</b> , and that death occurred at <b>11:00am</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph A. Renard, M.D.</b>				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>1/25/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>FEB 9 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis 10, Mo.</b>	
DATE REC'D BY LOCAL <b>FEB 9 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Senter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Louis 10, Mo.</b>		ADDRESS <b>4104 Manchester Ave.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.